

COMMERCIAL ONLY

Thomas Collins Building, Suite 5
540 S. DuPonty Hwy
Dover, DE 19901
Phone: 302 744-1220
Fax: 302 739-1957



**DELAWARE HEALTH
AND SOCIAL SERVICES**
Division of Public Health
Environmental Health Field Services

Sussex County Health Unit
544 South Bedford Street
Georgetown, DE 19947
Phone: 302 856-5122
Fax: 302 856-5065

PLUMBING PERMIT APPLICATION

(PLUMBING PERMIT TO BE SECURED 24 HOURS BEFORE WORK STARTS)

Name of Plumber (Print or Type) _____ Date _____

Signature & Licence Number of Plumber _____

Mailing Address: _____

Telephone: _____ Fax Number: _____

Builder/Contractor _____ Property Owner _____

The following abstract of specification of plumbing with description and plan is submitted for approval:

JOB SITE INFORMATION

Road Number _____ Lot Number _____

Road Name _____ Nearest Town _____

911 Number _____ Kent County or Sussex County _____

Directions to job site, be specific: _____

DESCRIPTION OF PLAN

Number of Stories _____

		FIXTURES	SOIL OR WASTE PIPE		VENT PIPE	
		How Many	Size	Material	Size	Material
BATH	Water Closet					
	Lavatory					
	Tub/Shower					
	Urinal					
KITCHEN	3 Comp Sinks					
	Dishwasher					
	Hand Sinks					
	Food Prep sinks					
UTILITIES	Ice Maker					
	Grease Traps					
	Floor Sinks					
	Utility Sinks					
	Coffee Machine					
	Drinking Fountain					
	Floor Drains					
	Water Heater					
OTHER	Bar sink					

FOR OFFICIAL USE ONLY

Types of Inspections Requested:
(48 Hour Notice Required)

1. UG

COA NO. _____

2. RI

PERMIT ISSUED _____ NO: _____

3. F

Plumbing Inspector

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